

Request to Interrupt Service for the Robert C. Byrd Honors Scholarship Program

Name: _____

(Last) (First) (MI)

Social Security #: _____ Year: _____

*For students requesting an interruption of scholarship benefits, the Robert C. Byrd Scholarship Program rules require a recipient whose continuous enrollment is interrupted for up to twelve (12) months, but who intends to re-enroll, to file a statement of intent **each year**. To assist recipients with the process of deferring (requesting an interruption of continuous enrollment), this form has been created.*

NOTE: To qualify, you must renew your scholarship each year (complete page 1). You must also complete this form if you want to defer your scholarship.

☐ I do not intend to enroll in 2008 – 2009

Please state reason for interruption: _____

Semester/Year you plan to re-enroll:

I am requesting: ☐ Leave of Absence (1st year) ☐ Suspension (2nd year)

I understand it is my responsibility to complete the Renewal Form and/or request interruption of service for **each year** I will be attending school or interrupting continuous enrollment. If I am unable to complete the necessary forms, I authorize the following person to act on my behalf while I am gone. I will leave directions with my representative and I understand that if they fail to act, reinstatement of my scholarship will be jeopardized.

Name of representative:

Address:

(Number and Street)

(City) (State) (Zip) (Phone)

Recipient's signature

Requested by January 30th. Required no later than 60 days prior to the first day of the academic term of discontinued attendance.

Send completed form to:
Dana Kelly, Manager, Student Affairs Program
P.O. Box 83720
Boise, Idaho 83720-0037

Dana.Kelly@osbe.idaho.gov
208-332-1574